



PTO/SB/21 (09-04)

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**AMENDMENT  
TRANSMITTAL  
FORM**

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|   |                      |  |
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| <b>AMENDMENT<br/>TRANSMITTAL<br/>FORM</b><br><br>(to be used for all correspondence after initial filing) | Application Number   | 10/800,457                                 |
|   | Application Title    | PROGRAMMABLE SNACK DISPENSER<br>AND METHOD |
|   | Filing Date          | March 15, 2004                             |
|   | First Named Inventor | Maddock                                    |
|   | Art Unit             | 3653                                       |
| Examiner Name   | Butler, Michael E.   |  |
| Attorney Docket Number  | 44413-40922          |  |
| Total Number of Pages in This Submission  | 14                   |  |

**ENCLOSURES (Check all that apply)**

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| <input checked="" type="checkbox"/> Fee Determination Record Transmittal Form<br><br><input type="checkbox"/> Fee Attached<br><br><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge the fee of <u>\$200.00</u> in this application to a Deposit Account <u>20-0823</u> .<br><br><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Deposit Account Number <u>20-0823</u> . I have enclosed a duplicate copy of this sheet.<br><br><input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.<br><br><input checked="" type="checkbox"/> Any patent application processing fees under 37 C.F.R. 1.17. | <input checked="" type="checkbox"/> Amendment/Reply<br><br><input type="checkbox"/> After Final<br><br><input type="checkbox"/> Affidavits/declarations(s)<br><br><input type="checkbox"/> Extension of Time Request<br><br><input checked="" type="checkbox"/> If an extension or an additional extension of time is required, but is not enclosed, please consider this a conditional petition therefore and charge Deposit Account <u>20-0823</u> accordingly<br><br><input type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><br><input type="checkbox"/> Drawing(s)<br><br><input type="checkbox"/> Petition<br><br><input type="checkbox"/> Terminal Disclaimer | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br><br>Postcard |
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**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

|              |                     |          |        |
|--------------|---------------------|----------|--------|
| Firm Name    | Thompson Coburn LLP |          |        |
| Signature    |                     |          |        |
| Printed name | Clyde L. Smith      |          |        |
| Date         | May 18, 2006        | Reg. No. | #46292 |

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| I hereby certify that this document and fee is being deposited with the United States Postal Service as "First Class" under C.F.R. 1.8 on <u>May 18, 2006</u> , and addressed to: Mail Stop AMENDMENT, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. |                |
| Signature  |                |
| Typed or printed name  | Clyde L. Smith |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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